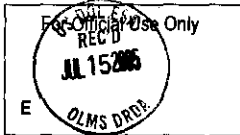


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3112</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Luis</u> <u>A</u> <u>Pinedo</u> P.O. Box, Bldg., Room No., if any Street <u>321 White St.</u> City <u>Upland</u> State <u>California</u> ZIP Code + 4 <u>91786</u>	4. Name, file number, and address of labor organization. Name <u>Bricklayers & Allied Craftworkers Local 18 CA</u> Labor Organization File Number <u>526-858</u> P.O. Box, Building and Room Number, if any Street <u>556 N. Diamond Bar Blvd. #201</u> City <u>Diamond Bar</u> State <u>California</u> ZIP Code + 4 <u>91765</u>
5. Position in labor organization. <u>Vice-Chairman/Field Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Luis A. Pinedo</u>	On <u>7/8/05</u> <u>(1909) 396-6700</u> Date Telephone Number

Name of Person Filing Luis Pinedo

File Number U- 312

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Tile Helpers Apprenticeship & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 9351 Telstar Ave. #400

City El Monte

State California ZIP Code + 4 91731

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name See 11.a.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Employers signatory to a collective bargaining agreement pay contributions to trust, pursuant to collective bargaining agreement. 11.b. states annual amount of employer contributions for 2004. Trust provides apprenticeship training to employees of employers

11.b. Approximate dollar value of such dealing.

\$ 144,800

12.a. Nature of interest held or income received.

I recieved compensation from the trust for teaching apprenticeship classes.

12.b. Amount.

\$230

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Luis Pinedo	File Number U- 3112
--	----------------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Joint Apprenticeship Committee</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>9351 Telstar Ave. #200</u></p> <p>City <u>El Monte</u></p> <p>State <u>California</u> ZIP Code + 4 <u>91731</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>See 11.a.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>Employers signatory to a collective bargaining agreement pay contributions to trust, pursuant to collective bargaining agreement. 11.b. states annual amount of employer contributions for 2004. Trust provides apprenticeship training to employees of employers</p>
	<p>11.b. Approximate dollar value of such dealing. <u>\$ 161,428</u></p>
	<p>12.a. Nature of interest held or income received.</p> <p>I recieved compensation from the trust for teaching apprenticeship classes.</p>
	<p>12.b. Amount. <u>\$5,150</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing Luis Pinedo		File Number U- 3112	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name <u>Joint Apprentice Committee</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>9351 Telstar Ave. #200</u> City <u>Diamond Bar</u> State <u>California</u> ZIP Code + 4 <u>91731</u>		9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input checked="" type="checkbox"/> c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>See 11.a.</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____		11.a. Nature of such dealing. <u>Employers signatory to a collective bargaining agreement pay contributions to trust, pursuant to collective bargaining agreement. 11.b states annual amount of employer contributions for 2004.Trust provides apprenticeship training to employees of employers</u>	
		11.b. Approximate dollar value of such dealing. <u>\$161,428</u>	
		12.a. Nature of interest held or income received. <u>I was reimbursed for cost I incurred traveling to apprenticeship contest.</u>	
		12.b. Amount. <u>\$124</u>	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____		14.a. Nature of payment. _____	
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?		14.b. Amount of payment. _____	